

Turning 65? Plan to attend a Medicare seminar

The North Dakota Insurance Department is conducting free seminars in Bismarck and Fargo for people turning 65 or who are eligible for Medicare due to a disability.

Presentations will include Medicare basics, Medicare Part D prescription drug program, Medicare supplements and Medicare Advantage plans. Presenters are Cindy Sheldon, director, State Health Insurance Counseling, and Sharon St. Aubin, program coordinator, Prescription Connection.

Registration deadline is Aug. 1. To register or for more information, call 1-888-575-6611 or e-mail janfrank@nd.gov.

Bismarck

6:30-9 p.m. Tuesday, Aug. 5
Days Inn, 1300 Capitol Ave.

Fargo

6:30-9 p.m. Tuesday, Aug. 12
Country Inn and Suites, 3316 13th Ave. S.



Adam Hamm
Insurance Commissioner

Welcome to the *RxConnector* newsletter!

Dear friends,

This newsletter is designed to keep you up-to-date about the Prescription Connection for North Dakota program and to keep you in the know about the various prescription assistance programs that are available. From time to time, we may also include other items of interest related to Medicare and the State Health Insurance Counseling (SHIC) program.

As always, thank you so much for all that you do for the Prescription Connection program.

Without your help, our work would be that much harder. Your efforts are valued and appreciated.

If you have items of interest that you think should be included in this newsletter, we would love to hear about them. Please contact Sharon St. Aubin at ssaubin@nd.gov or call her at 1.888.575.6611.



Adam Hamm
Insurance Commissioner

**NORTH
DAKOTA**
a program of the
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**Prescription
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for North Dakota

RxConnector is a publication of the Prescription Connection for North Dakota program.

Contact us at:

1.888.575.6611
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www.nd.gov/ndins

School nurse shortages prompt teachers, staff to substitute

The AP/*San Francisco Chronicle* recently examined how “medical duties have become a part of the job” for U.S. teachers as schools reduce nursing staff or require nurses to work at multiple schools. According to the AP/*Chronicle*, the trend comes as an increasing number of students have serious medical conditions, such as asthma, diabetes and severe allergies. According to Amy Garcia, executive director of the National Association of School Nurses, 16 percent of U.S. students have a condition that requires the services of a school nurse.

Federal guidelines recommend that schools employ one nurse for every 750 students. The national average is one nurse for every 1,151 students, Garcia said. The average nurse divides time between 2.2 schools, according to NASN.

According to the AP/*Chronicle*, 25 percent of U.S. schools have no school nurse on staff.

Garcia said the shortage of school nurses can be attributed to budget cuts, priority management and an overall misunderstanding of

the role of a school nurse. In response, nurses are training teachers and other school staff to dispense medication, give insulin and adrenaline shots and provide assistance with asthma inhalers (Kossler Dutton, AP/*San Francisco Chronicle*, 7/16).



Source: Kaiser Daily Health Policy Report

Total U.S. prescriptions drop as consumers' health care costs rise

The Wall Street Journal recently examined how U.S. prescription drug volume has “fallen steadily” since early 2007 and in recent months have “slipped in and out of negative territory” because of a “troubled economy and the growing burden of out-of-pocket health care costs.”

Preliminary data gathered by IMS Health and Wall Street analysts show that the growth rate prescriptions for branded medications began to decline early last year. Between January and May this year, the growth rate of brand-name medication declined to 1.5 percent, the lowest rate since 1996, compared with an average growth rate of 3% between 2003 and 2007. In May, prescription drugs accounted for 30.6 percent of all dispensed medications, down from 45.9 percent in 2003, IMS found.

Kevin Schulman, a health economics specialist at Duke University, said rising out-of-pocket prescription drug costs for medications and the increasing number of uninsured U.S. residents have made the economic downturn challenging for the health care industry. Schulman said, “The last couple months have gotten worse, and that’s going to continue,” adding, “The health care industry thinks it’s immune from these macro forces,

but at some point, it can’t be.” The Journal reports that the “development also comes as employers and insurers have shifted a larger share of health care costs to consumers in a bid to tame growth of the \$2 trillion health care system.”

However, the Journal reports that consumers “appear to be skimping on medications as a result” of increased cost sharing. A Kaiser Family Foundation poll released in April showed that 23% of U.S. residents did not fill a prescription because of costs, compared with 20 percent in 2005, and 19 percent skipped doses or cut pills in half.

According to the Journal, slowing prescription growth “comes at a period of particular vulnerability for the drug industry.” Patent protections for several blockbuster drugs have expired in the past two years and others are facing expirations, while at the same time there are “few new drugs in late-stage development to take up the slack,” the Journal reports. Safety concerns about drugs also “could be turning off demand,” the Journal reports (Wang/Johnson, Wall Street Journal, 7/16).

Source: Kaiser Daily Health Policy Report

Group calls for zero tolerance of doctor bullies

Bullying doctors can make nurses afraid to question their performance, resulting in medical errors, according to a hospital group that announced new requirements for cracking down on intimidating behavior.

Outbursts and condescending language threaten patient safety and increase the cost of care, according to a safety alert issued by the Joint Commission, an independent organization that accredits most of the nation's hospitals.

Hospitals will be required by next year to have codes of conduct and processes for dealing with inappropriate behavior by staff, said the group's president, Dr. Mark Chassin. Hospitals without such systems risk losing their accreditation, he said.

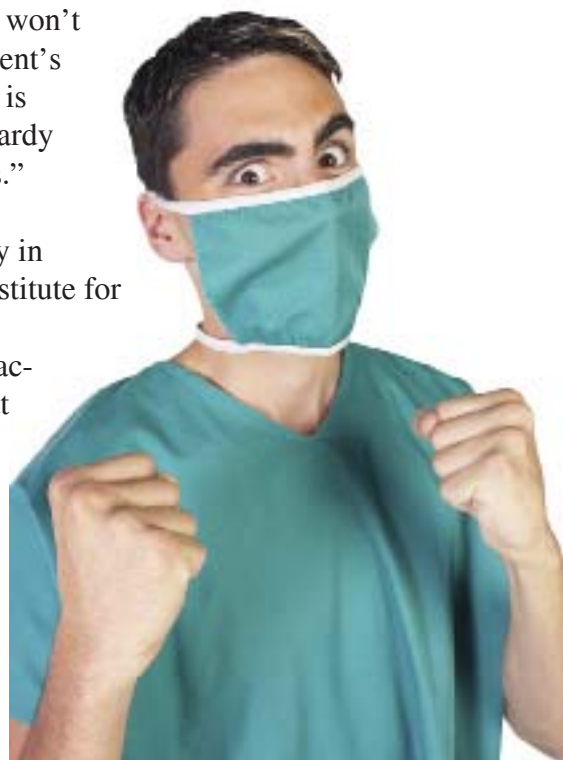
Nurses, pharmacists and hospital administrators also can be culprits, but it's the doctors who bully nurses that are the most significant for patient safety, said Dr. Alan Rosenstein, a researcher on the topic. He applauded the group's action.

Rosenstein, medical director of VHA West Coast, an alliance of nonprofit hospitals, surveyed 1,500 hospital employees for a 2005 study published in the American Journal of Nursing, and received comments like these:

"Most nurses are afraid to call Dr. X when they need to,

and frequently won't call. Their patient's medical safety is always in jeopardy because of this."

Another survey in 2003 by the Institute for Safe Medication Practices found that 40 percent of health providers said they had kept quiet rather than question a known bully.



Hospitals have pecking orders and are stressful work environments, but "there's a right way and a wrong way to manage that stress," Chassin said.

Source: Associated Press

Medicare paid as much as \$92M to suppliers using IDs of dead doctors

Medicare from 2000 to 2007 paid between \$60 million and \$92 million to medical suppliers that used the identification numbers of dead physicians to file fraudulent claims, according to a report presented by the Senate Homeland Security and Governmental Affairs Investigations Subcommittee, the Washington Post reports (Lee, Washington Post, 7/9).

For the report, subcommittee investigators examined a random sample of 1,500 physicians who died between 1992 and 2002 and found that 734 of their Medicare identification numbers appeared on claims filed from 2000 to 2007 (Diaz, Minneapolis Star Tribune, 7/9). Those ID numbers were used for 21,458 claims totaling \$3.4 million, and investigators extrapolated from these amounts to estimate a total number of fraudulent claims (Washington Post, 7/9).

Medicare paid an estimated "478,500 claims containing

identification numbers that were assigned to deceased physicians" during that period, and those claims "contained identification numbers for an estimated 16,548 to 18,240 deceased physicians," the report found (Pear, New York Times, 7/9). Active identification numbers for as many as 2,895 dead physicians remain in the Medicare database, according to the report (Washington Post, 7/9).

According to a report released in 2001 by the HHS Office of Inspector General, Medicare in 1999 paid \$91 million in claims that used the identification numbers of physicians who no longer participated in the program. In response, CMS required a one-time elimination of the identification numbers of dead physicians from the Medicare database and ordered contractors to reject claims that used inactive or invalid identification numbers.

Source: Kaiser Daily Health Policy Report

Northern Plains Conference on Aging

The Northern Plains Conference on Aging and Disability will be held Sept. 23-25 in Fargo. Conference topics will include eldercare reform, workplace conflict, sexuality in later life, Social Security, macular degeneration, Alzheimer's and dementia, techniques for caregivers, reducing staff turnover, late-life depression, and legal and

financial issues facing seniors. AARP North Dakota will speak about Divided We Fail.

Go to www.northernplainsconference.com for more information, or call 218-477-5862 or e-mail contstdy@mnstate.edu.

PAP updates

TEVA patient assistance program added epirubicin and paclitaxel. However, these meds are not listed on their current application.

Felbatol is now made by Meda Pharmaceuticals, not Medpointe.

Axcan Rx Assist Program is now Axcan Rx Cost Reduction Program. It is now a discount card program and offers patients \$20 off Ultrasec or UrsoForte tablets.

RxOutreach has removed the generic versions of Levsinex, Levbid, LevsinSL and Levsin from their PAP and added the generics of Fosamax and Mavik.

Wyeth Patient Assistance Foundation has removed Inderide, Cordarone and Minocin from its program, but added Pristiq.

Source: Patient Advocate News July/August 2008

How to dispose of unused medicines

Is your medicine cabinet filled with expired drugs or medications you no longer use? How should you dispose of them?

Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out, according to the Food and Drug Administration (FDA). A few drugs should be flushed down the toilet. And a growing number of community-based "take-back" programs offer another safe disposal alternative.

Guidelines for drug disposal

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007, the federal guidelines are summarized here:

Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.

If no instructions are given, throw the drugs in the household trash, but first:

- Take them out of their original containers and mix them with an undesirable substance, such as used coffee

grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.

- Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.
- Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community.

FDA's Director of Pharmacy Affairs, Ilisa Bernstein, Pharm.D., J.D., offers some additional tips:

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
- When in doubt about proper disposal, talk to your pharmacist.

Bernstein says the same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

Why the precautions?

Disposal instructions on the label are part of FDA's "risk mitigation" strategy, says Capt. Jim Hunter, R.Ph., M.P.H., Senior Program Manager on FDA's Controlled Substance Staff. When a drug contains instructions to flush it down the toilet, he says, it's because FDA, working with the manufacturer, has determined this method to be the most appropriate route of disposal that presents the least risk to safety.

About a dozen drugs, such as powerful narcotic pain relievers and other controlled substances, carry instructions for flushing to reduce the danger of unintentional use or overdose and illegal abuse.

For example, the fentanyl patch, an adhesive patch that delivers a potent pain medicine through the skin, comes with instructions to flush used or leftover patches. Too much fentanyl can cause severe breathing problems and lead to death in babies, children, pets, and even adults, especially those who have not been prescribed the drug. "Even after a patch is used, a lot of the drug remains in the patch," says Hunter, "so you wouldn't want to throw something in the trash that contains a powerful and potentially dangerous narcotic that could harm others."

Environmental concerns

Despite the safety reasons for flushing drugs, some people are questioning the practice because of concerns about trace levels of drug residues found in surface water, such as rivers and lakes, and in some community drinking water supplies. However, the main way drug residues enter water systems is by people taking medications and then naturally passing them through their bodies, says Raanan Bloom, Ph.D., an Environmental Assessment Expert in FDA's Center for Drug Evaluation and Research. "Most drugs are not completely absorbed or metabolized by the body, and enter the environment after passing through waste water treatment plants."

A company that wants FDA to approve its drug must submit an application package to the agency. FDA requires, as part of the application package, an assessment of how the drug's use would affect the environment. Some drug applications are excluded from the assessment requirement, says Bloom, based on previous agency actions.

"For those drugs for which environmental assessments have been required, there has been no indication of environmental effects due to flushing," says Bloom. In addition, according to the Environmental Protection Agency, scientists to date have found no evidence of adverse human health effects from pharmaceutical residues in the environment.

Nonetheless, FDA does not want to add drug residues into water systems unnecessarily, says Hunter. The agency is in the process of reviewing all drug labels with disposal directions to assure that the recommended methods for disposal are still appropriate.

Another environmental concern lies with inhalers used by people who have asthma or other breathing problems, such as chronic obstructive pulmonary disease. Traditionally, many inhalers have contained chlorofluorocarbons (CFC's), a propellant that damages the protective ozone layer. The CFC inhalers are being phased out and replaced with more environmentally friendly inhalers.

Depending on the type of product and where you live, inhalers and aerosol products may be thrown into household trash or recyclables, or may be considered hazardous waste and require special handling. Read the handling instructions on the label, as some inhalers should not be punctured or thrown into a fire or incinerator. To ensure safe disposal, contact your local trash and recycling facility.

Source: FDA

2008 Kids Count data book

We invite you to access the 2008 KIDS COUNT Data Book on the well-being of children in North Dakota and across the nation online at www.ndkidscount.org.

North Dakota ranks 7th highest in the nation in child well-

being, up from 8th place last year. For a closer look at the indicators and to compare North Dakota to national trend data, scroll to pages 132-133 in the 2008 KIDS COUNT Data Book.